

POLST Update

Continuing Education Summary
ICEMA

Objectives

- To expand the knowledge of EMS providers of the purpose of the Physician Orders for Life-Sustaining Treatment form.
- Provide EMS with a brief history of the development of the POLST form.
- The EMS provider will recognize the current form used by the State of California.
- EMS providers will develop a working knowledge of how the POLST form effects treatment toward the patient.

What is POLST?

- POLST stands for Physician Orders for Life-Sustaining Treatment (POLST).
- The updated form will be active on 4/1/2011.
- This form provides healthcare providers with directions on patient's wishes for healthcare needs.
- A signed POLST form is legal and valid, POLST complements an Advanced Directive and is not intended to replace that document.



History of POLST Form

- Physicians order for life sustaining treatment paradigm started in Oregon in 1991.
- Medical ethics leaders recognized that patient wishes for prolonging life treatment were not being honored consistently despite the availability of advance directives per www.ohsu.edu.
- Having this portable documentation gives the patient the choice on their medical wishes and thoughts.



POLST Form

- The form is broken down into sections highlighted with specific medical needs addressed for patient wishes regarding healthcare.

Cardiopulmonary Resuscitation (CPR)



Medical Interventions



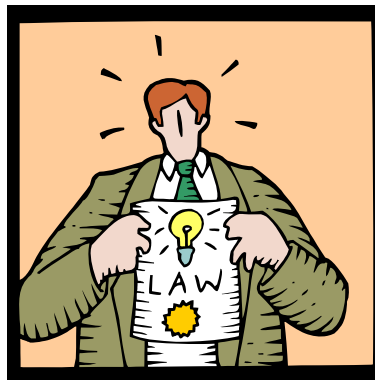
Artificially Administered Nutrition



Signatures and Summary of Medical Condition

Changes with the POLST Form

- The first section of the form has instructions about this form and basic patient information:
 - Patient's name, date of birth, medical record number, and date prepared.
 - Copy of the signed POLST form is legal and valid.
 - POLST complements an Advanced Directive and is not intended to replace that document.



Cardiopulmonary Resuscitation (CPR)

Section A

- The form gives two choices for CPR
 - ☐ **Attempt Resuscitation/CPR.** When checking this box, it requires the provider to initial full treatment in the medical intervention section.
 - ☐ **Do Not Attempt Resuscitation/ DNR.** Checking this box means the patient wishes a to die a Natural Death.



Medical Interventions

Section B

- The Medical Interventions is the next section of the form, this is if the person has a pulse and/or is breathing. There are three choices in this section:
- ☐ **Comfort Measures Only:** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer to hospital only** if comfort needs cannot be met in current location.



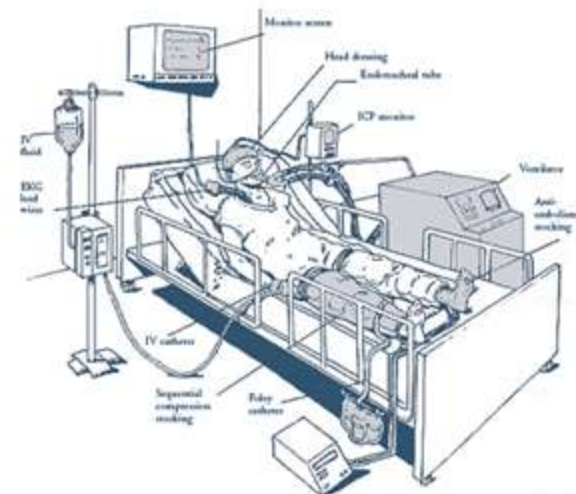
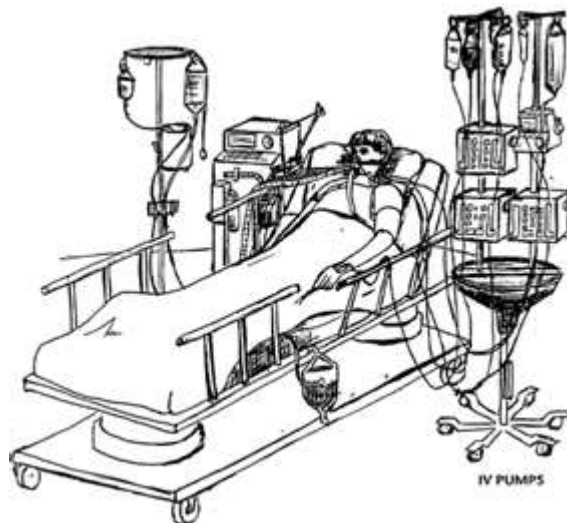
Medical Interventions Section B

- ❑ **Limited Additional Interventions.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. **Do not intubate.** May use non-invasive positive airway pressure. Generally avoid intensive care.
- ❑ **Transfer to hospital only** if comfort needs cannot be met in current location.



Medical Interventions Section B

- ❑ **Full Treatment.** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. **Transfer to hospital** if indicated. Includes intensive care.
- **Additional orders** can also be requested in this section.



Artificially Administered Nutrition

- Orally feed if feasible and requested. The patient will pick from these choices:
 - ❑ No artificial means of nutrition, including feeding tubes.
 - ❑ Trial period of artificial nutrition, including feeding tubes.
 - ❑ Long term artificial nutrition, including feeding tubes.
- Additional Orders can also be requested in this section.

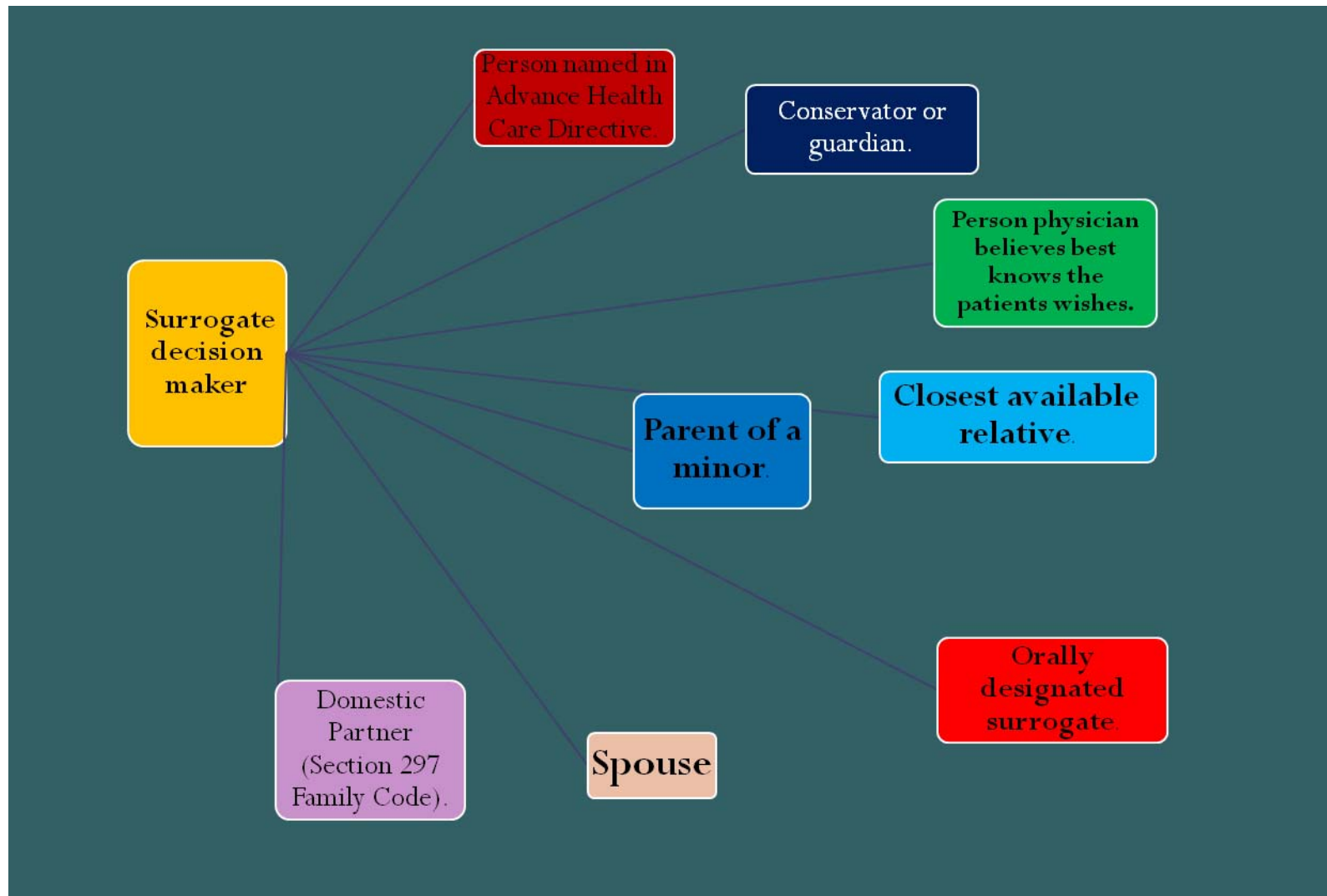


Information and Signatures

- This section discusses consent with patient.
- Signature of Physician.
- Signature of Patient and Legally Recognized Decision maker.



What is a Legally Recognized Decision Maker?



What is a Health Care Agent?



Information and Signatures

- Tells who the form was discussed with:
 - ☐ Patient (Patient Has Capacity).
 - ☐ Legally Recognized Decision maker.

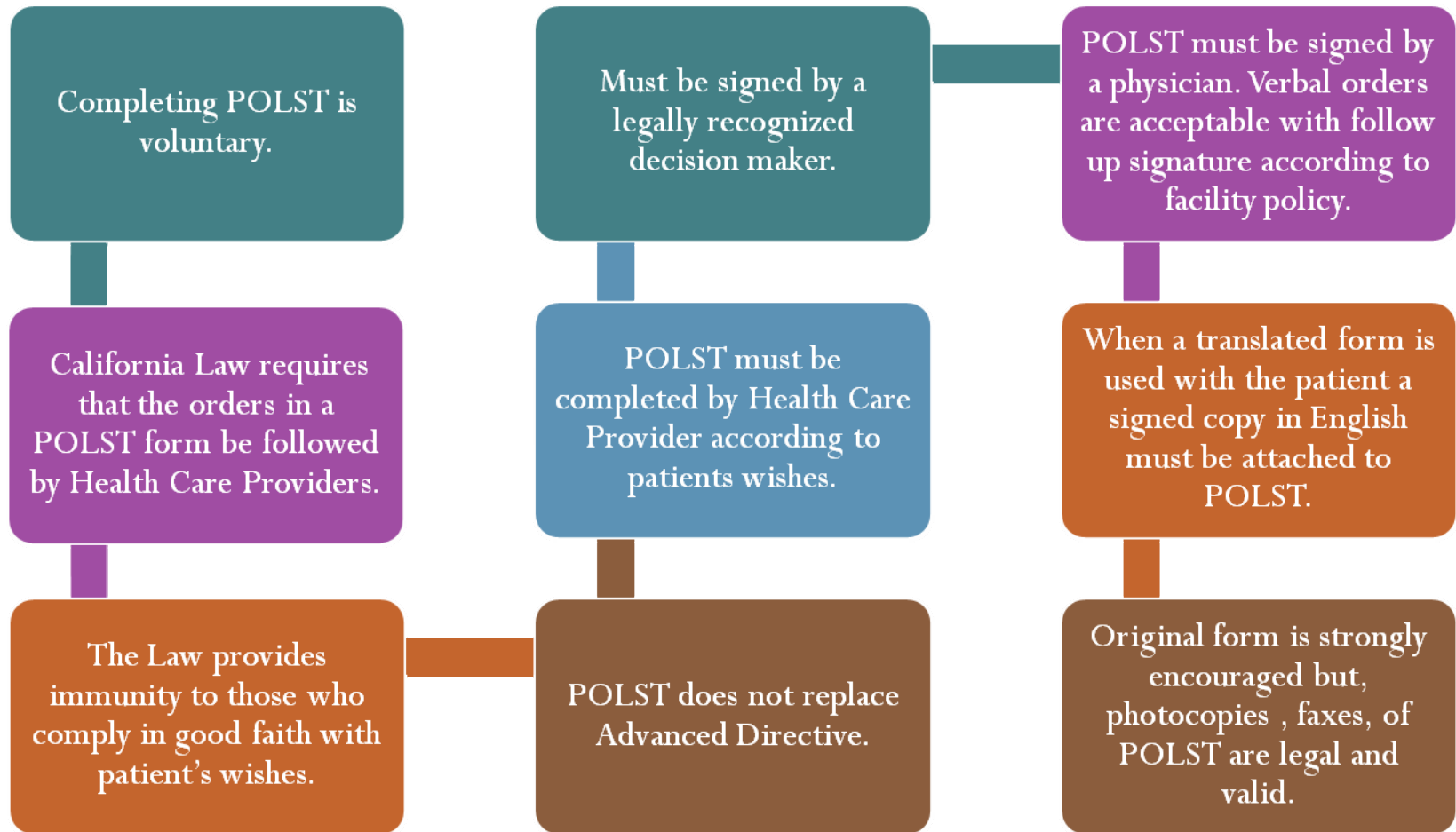


Information and Signatures

- This sections also discusses if the patient has an advanced directive.
 - Gives the name of the Health Care Agent named in Advanced Directive and phone number.
- Boxes are also available to check if there is no Advanced Directive or if it's not available.
- Signature of the Physician, stating the doctor is aware of the patient's wishes and patient's medical condition.
- Signed orders on the POLST form need to be consistent with the patients wishes.



Directions for Health Care Provider



Using POLST

- Any incomplete section of POLST implies full treatment in that section.
- For example: If patient is found pulseless and not breathing, and no box is checked in this section; full CPR is performed.



Administering Comfort Measures

When comfort cannot be achieved in current setting, the person should be transferred to facility that can provide comfort.

Non-invasive positive airway pressure includes CPAP, BiPAP, and BVM to assist with respirations.

IV antibiotics and hydration generally are not “Comfort Measures”.

Treatment of dehydration prolongs life, refer to “Limited Interventions” or “Full Treatment”.

Check for additional orders that may or may not be performed by EMS personnel.

Reviewing POLST

- The POLST should be reviewed periodically, especially when:
 - The patient is transferred from one care setting to another level of care.
 - When there is significant change with patient's health.
 - The patient's treatment plan has changed.



Modifying and Voiding POLST

- A patient that is alert, awake and oriented to person, place, and time can at any time request alternative treatment.
- That patient can also at any time revoke a POLST by any means that indicates intent to revoke. Revocation should be documented by drawing a line through all sections with void across it in large print.
- The legally recognized decision maker may request to modify the orders with collaboration of the physician, based on patient's known wishes.



Important Final Points

- This is a legal document that is honored in the State of California and is approved by EMSA.
- HIPAA permits disclosure of POLST to other Health Care Providers as necessary.
- The form should always be sent with person whenever transferred or discharged.
- For more information visit, www.caPOLST.org



Questions

- Why is it important to ask if your patient has a POLST form?
- Is the POLST form considered a legal document?
- Can the patient change the POLST at any time?
- Submit your answers to your EMS Educator/Paramedic Liaison to receive one hour of EMS-CE/BRN credit.



References

- *History of the POLST Paradigm Initiative.*
<http://www.ohsu.edu/polst/developing/history.htm>.
- *Choosing a Health Care Agent.* <http://www.webmd.com>.
- *Surrogate Decision Makers*, California Health and Safety Code Section 24178.
- Any questions please contact Patty Eickholt RN, BSN, PHN, MICN, CEN at ICEMA. 909-388-5823.